(b) if so, the details thereof;

(c) whether Government have ordered the Drug Controller of India to investigate the matter in view of its seriousness; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Based on the news report which appeared in the National Newspapers in India on 28th September, 2004, the matter was taken up with British High Commission in order to confirm the supply of blood product suspected to be contaminated with human form of mad cow disease. The enquiry reveals that 22 vials of vigam-S 5g (Human Normal Immunologlobulin) batch No. VGC 085 manufactured by M/s Bio Products Laboratory, U.K. was exported to India and the blood donor who donated source plasma later development vCJD. M/s Bio Products Laboratory, U.K. has informed that they have exported this consignment to M/s Genexx Chemicals Pvt. Ltd., New Delhi in 1997. The said lot was manufactured in July, '97 and hence the expiry date was August, '99.

(c) and (d) After enquiry into the matter, British High Commission has clarified that the estimated level of ineffectivity for any patient is judged according to the new U.K. critieria of having passed the "at risk" threshold and need for only public health precautions.

As per information available from WHO and European Medicine Agency, there is no credible instance of transmission of CJD through blood products. National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore has also informed that no case of CJD is reported from India till date. Further on enquiry, it has been clarified that the blood product manufacturers in U.K. are using imported plasma from USA since 1998 to manufacture the blood products in order to avoid the risk of vCJD problem. So far, Government has not received any reported incidence of vCJD disease through blood products in the country.

Minimising maternal deaths

246. SHRI S.P.M. SYED KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposed to adopt any special drive to

minimise the maternal deaths, the number of which in India is reported to be highest in the World;

(b) if so, the details thereof; and

(c) the measures being taken by Government for providing and accessible and affordable healthcare facility for pregnant woman in rural and remote areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Maternal health care is an integral part of the Family Welfare Programme. Reduction of Maternal Mortality is a major goal of the Reproductive and Child Health (RCH) Programme, which is being implemented in all the States/UTs of the country since 1997 and aims at bringing down the maternal mortality and morbidity. Under this programme various interventions focused on reducing maternal deaths are being implemented. These are Essential Obstetric Care; Emergency Obstetric Care; provision for referral transport for pregnant women with complication of pregnancy through panchayats; provision of drugs and equipment at first referral units; provision of contractual staff like Additional Health Workers, Staff Nurses, Laboratory Technicians and hiring of Anesthetists from private sector for provision of emergency obstetric care. Funds are also being provided for schemes like 24 hours delivery services at selected primary health centres and community health centres; Training of Dais and Reproductive and Child Health Camps for the benefit of the people living in remote areas, in all districts of Empowered Action Group (EAG) States and selected districts in other States where safe delivery rate is less than 30 per cent.

Pregnant women belonging to below poverty line families are being assisted for better nutrition by providing cash assistance of Rs. 500 for the first 2 live births under the existing National Maternity Benefit Scheme.

States are also being assisted in upgrading the existing Community Health Centres (CHCs)/Sub-Divisional Hospitals as First Referral Units (FRUs) for providing emergency care to pregnant women suffering from complications of pregnancy. Operationalisation of First Referral Units (FRUs) for emergency obstetric care and provision of round the clock delivery services have been included as important interventions aimed

at reduction of maternal mortality in the forthcoming phase-II of the Reproductive and Child Health Programme.

Increasing private hospitals and clinics

†247. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of private hospitals and clinics is on the rise day by day throughout the country;

(b) whether the present norms for giving licenses to such clinics and hospitals are adequate;

(c) whether such hospitals and clinics have been given a free hand for taking arbitrary fees from patients;

(d) whether Government proposed to frame any law relating to fixation of fee for such hospitals and clinics; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Health being a State subject under the Constitution of India, it is the responsibility of State Governments to ensure compliance of health standards by private hospitals, clinics, nursing homes etc. in the State. However, the Government of India is in the process of formulating a Bill prescribing minimum standards and specifications for hospitals, nursing homes and other clinical establishments.

Bill for regulating private clinics

248. SHRI C. PERUMAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to draft a model Bill for regulation of private clinics in the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

†Original notice of the question was received in Hindi.